MDCPDS...a new system for a new millenium

System Authorization Access Request
(DISA Form 41)

- MDCPDS is the Database of Record for Civilian employees.
- Use of DISA Form 41, has required information to comply with systems security regulations.
- Upon Completion of this form by the CPACs they should be sent to the SECPOC, Information Services Division, Functional Automation Branch.

USER COMPLETES PART I of DISA Form 41

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

TYPE OF REQUEST	DATE
☒ INITIAL ☐ MODIFICATION ☐ DELETION	

PART I *(To be completed by User)*

1. NAME *(LAST, First, MI)*		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT **CMD/UIC/ORG**	5. ACCOUNT CODE **N/A**
6. JOB TITLE/FUNCTION	7. GRADE/RANK	8. PHONE *(DSN)*

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE	DATE

art II - to be completed by User's Security Manager (ISSO/TASO)
inimum requirement is a NACI for access to Modern DCPDS and
CSU Regional Reporting Database

PART II *(To be completed by User's Security Manager)*		
9. CLEARANCE LEVEL	10. TYPE OF INVESTIGATION	11. DATE OF INVESTIGATION
12. VERIFIED BY *(Signature)*	13. PHONE NUMBER	14. DATE

Part III - to be completed by User's Supervisor and CPAC PSM

PART III *(To be completed by User's Supervisor)*

15. ACCESS REQUIRED *(Location) - i.e DMC or DMC's*

MODERN DCPDS /CSU Regional Reporting Database located at (Your Installation Name)

16. ACCESS TO CLASSIFIED REQUIRED?	17. TYPE OF USER	
[X] NO [ ] YES	[X] FUNCTIONAL [ ] SYSTEM	[ ] SECURITY ADMINISTRATOR [ ] APPLICATION DEVELOPER [ ] OTHER *(Specify)*

18. JUSTIFICATION FOR ACCESS

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

19. SIGNATURE OF SUPERVISOR	20. ORG/DEPT.	21. PHONE NUMBER	22. DATE
Employee's Supervisor			
23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	24. ORG/DEPT.	25. PHONE NUMBER	26. DATE
CPAC PSM /designated Alternate			

PART IV - To be completed by CPOC Systems staff

PART IV *(To be completed by AIS Security Staff adding user)*			
27. USERID *(Mainframe)* **Modern DCPDS Userid**	28. USERID *(Mid-Tier)* **CSU-Regional Reporting DB**	29. USERID *(Network)* **Metaframe client Userid**	
30. SIGNATURE		31. PHONENUMBER	32. DATE

DISA Form41, SEP 1996 (EF)

PART V - to be completed by CPAC PSM or designated alternate

PART V *(Can be customized by DISA or Customer with DISA approval (Optional))* *(To be completed by User)*	
39. ACCESS REQUESTED *(Site specific system or application information)*	
a. SYSTEM(S) **Modern Defense Civilian Personnel Data System**	b. DOMAIN(S)
c. SERVER(S) **HP N-class (Modern DCPDS)** **HP K-460 (CSU Regional Reporting Database** **Metaframe server -application access**	
d. APPLICATION(S) **Modern DCPDS _____** **CSU Regional Reporting Database _____** **Resumix (CPOC Only) _____**	
e. DIRECTORIES	
f. FILES	
g. DATASETS	